Under the Paperwork Reduction Ac	t of 1995 no pe	rsons are required to n		Tradema	rk Office; U.S. DI	EPARTME	NT OF COMMERCE	
Effective on 12/08/2004.			Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number	09/8	09/828,564			
│ FEE TRANSMITTAL │			Filing Date	Apri	April 6, 2001			
For FY 2008			First Named Invento	r Yog	Yogendra Joshi et al.			
			Examiner Name	Nihi	Nihir B. Patel			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3772					
TOTAL AMOUNT OF PAYMEN	T (\$)	110.00	Attorney Docket No.	. 361	361007-000012			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 13-4365 Deposit Account Number: Moore & Van Allen, PLLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any addition	onal fee(s) or	underpayments of fe	= -			AUCPI IOI	ane anning ree	
under 37 CFR 1.1	6 and 1.17		ordan amy					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
F	ILING FEES Small I		CH FEES E) Small Entity		ATION FEES Small Entity			
Application Type Fe	e (\$) Fee		Fee (\$)	ee (\$)	Fee (\$)	<u>Fe</u>	es Paid (\$)	
Utility 3	10 155	510	255	210	105			
Design 2	10 105	100	50	130	65			
Plant 2	10 105	310	155	160	80	_		
Reissue 3	10 155	510	255	620	310	_		
Provisional 2	10 105	0	0	0	0			
2. EXCESS CLAIM FEES					- (4)	Small E		
Fee Description					Fee (\$) 50	<u>Fee (</u>		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						10		
Multiple dependent claim			210 370	18				
	ra Claims	Fee (\$) Fe	Paid (\$)		Multiple D	ependen	t Claims	
20 or HP =	х				Fee (\$)	Fee	Paid (\$)	
HP = highest number of total clain Indep. Claims Ext	is paid for, if gre ra Claims		Paid (\$)			_		
-3 or HP = x =								
HP = highest number of independent claims paid for, if greater than 3.								
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer 								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = - 100 = (Found up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Balance due on Issue Fee (\$1510 less \$1400 prev paid = \$110) \$110.00							\$110.00	

SUBMITTED BY								
Signature	/matthew w. witsil/	Registration No. (Attorney/Agent) 47,183	Telephone 919-286-8000					
Name (Print/Type)	Matthew W. Witsil - Moore & Van Allen, PLLC		Date May 29, 2009					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burder, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commence, P.O. Box 1450, Absanding, VA 22313-1450. DO NOT SEND FEES OR COLIETE DF ORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.